

In re the Application of: Birse et al.  Application No.: 09/420,503  Filed: October 18, 1999  For: Method and Apparatus for Administering the Operating System of a Net-Booted Environment  COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450  SIR: Transmitted herewith is an Amendment for the above-referenced application. Applicant claims small entity status. See 37 CFR 1.27. No additional fee is required.  To tal Claims Remaining After Amd. Previously			
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For: Method and Apparatus for Administering the Operating System of a Net-Booted Environment  (title)  RECEIVED  COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450  SIR: Transmitted herewith is an Amendment for the above-referenced application. Applicant claims small entity status. See 37 CFR 1.27. No additional fee is required.  The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3)  Claims Remaining After Amd. Previously Present Claims Simple Additional Rate Fee  X18  X84  X84  Lindep. Claims First Presentation of Multiple Dependent Claim(s)  Total Add. Fee  Total Add. Fee  Total Add. Fee  Total Add. Fee			
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Applicant claims small entity status. See 37 CFR 1.27.  No additional fee is required.  The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY  Claims Highest No. Previously Present After Amd. Paid For Extra Rate Fee  Total Claims 15 Minus 15 0 X9 \$ X18 \$  Indep. Claims 8 Minus 8 0 X42 \$ X84 \$  First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.			
The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY  Claims Remaining After Amd. Previously Present After Amd. Paid For Extra  Total Claims 15 Minus 15 0 X42 \$ X18 \$ Indep. Claims 8 Minus 8 0 X42 \$ X84 \$   First Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.			
(Col. 1) (Col. 2) (Col. 3)  Claims Remaining After Amd.  Total Claims Indep. Claims Brist Presentation of Multiple Dependent Claim(s)  * If the entry in Col. 3.  Indep. Claims  * If the entry in Col. 3.			
Claims Remaining After Amd.  Total Claims SINALL ENTITY  SMALL ENTITY  Additional Rate Fee  Total Claims SINALL ENTITY  Additional Rate Fee  X18  X18  X18  X18  X24  X34  X44  X44  X45  X45  X46  X47  X40  X40  X40  X41  X41  X41  X41  X41			
Claims Remaining After Amd.  Total Claims Indep. Claims  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  Highest No. Previously Present Extra  Additional Rate Fee  X9 \$  X18 \$  X18 \$  X84 \$   * Highest No. Previously Present Extra  X9 \$  X18 \$  X84 \$  * Haditional Rate Fee  X18 \$  X84 \$  X84 \$  X84 \$  X84 \$  X84 \$  X84 \$  X85 \$  X87 \$  X88 \$  X8			
Remaining After Amd.  Previously Present Extra  Total Claims  Indep. Claims  * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  Previously Present Extra  Previously Present Rate  Rate  Fee  X9 \$  X18 \$  X84 \$   X84 \$   * H40 \$  Total Rate  Fee  X18 \$  X84 \$  X84 \$  X84 \$  X84 \$  X84 \$  X84 \$  X85 \$  X87 \$  X88 \$			
Total Claims   15			
Claims 15 Minus 15 0 X9 \$ X18 \$ Indep. Claims 8 Minus 8 0 X42 \$ X84 \$			
Claims 8 Minus 8 0 X42 \$ X84 \$    First Presentation of Multiple Dependent Claim(s)			
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  * If the entry in Col. 1 is less than the entry In Col. 2, Add. Fee \$ 0.00			
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3. Total Add. Fee \$			
write "0" in Col. 3. Add. Fee Add. Fee			
** If the "Highest No. Previously Paid For" IN THIS			
SPACE is less than 20, write "20" in this space.			
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number			
found from the equivalent box in Col. 1 of a prior amendment or the number of claims			
originally filed.			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail			
with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450			
on <u>June 20, 2003</u> .			
Date of Deposit			
Leah Schwenke			
Name of Person Mailing Correspondence			
Signature 6/20/03  Date			

-1-

		is attached for presentation of additional claim(s).
		s) for an Extension of Time of month(s) pursuant to
	37 C.F.R. § 1.136(a).	
	A check for \$	is attached for processing fees under 37 C.F.R. § 1.17.
	Please charge my Deposit	ccount No. <u>02-2666</u> the amount of \$
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X		nmerce for Intellectual Property and Director of the United States
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	(a duplicate copy of this	
		ling fees required under 37 C.F.R. § 1.16 for presentation of
	extra claim	
		r petition fees under 37 C.F.A. § 1.17.
	Any extension	·
		BLAKE Y SOKOLOFF TAYLOR & ZAFMAN LLF
		"71" / 1
		// 1
Date: _	June 20, 2003	
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